JUDICIAL CA	NDIDATE / OFFICEHOLI	DER	FORM JC/OH
CAMPAIGN F	INANCE REPORT	7162	COVER SHEET PG 1
The JC/OH Instruction 6	Guide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  Mr. John  NICKNAME LAST  Lipscombe	M!SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	908 E. 5th St. #114  Austin, Texas, 78702	CITY; STATE; ZIP CODE	Date Hand delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 281 ) 6872441	EXTENSION	Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST  Emma  NICKNAME LAST  Barrientos	Mi 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUI 2906 Gem Circle Austin, Texas, 78704	TE#; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( 512 ) 442-7233	EXTENSION	
9 REPORTTYPE	January 15 30th day before election	on Aunotf	15th day after campaign treasurer appointment (officeholder unly)
	🗶 July 15 8th day before election	Exceeded \$500 limit	Final report (Atlach C/OH - FR)
10 PERIOD COVERED	Month Day Year  6 / 1 / 2009 THRO	UGH 6 / 30	
11 ELECTION	ELECTION DATE FLECTION TY  Month Day Year  7 70/0 Primary	PE Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	,
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expe Candidates are required to disclose this information of Name		
addittonal pages	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:

## FORM JC/OH

SUPPORT &	TOTALS		COVER SHEET PG 2
15 C/OH NAME		16 /	ACCOUNT # (Ethics Commission Filers)
John Lipscombe			
17 NOTICE FROM POLITICAL	candidate / officehol	otice of political contributions accepted or political expenditures made by der. These expenditures may have been made without the candidate's or seholders are required to report this information only if they receive notic	officeholder's knowledge or consent.
COMMITTEE(S)	СОММПТЕЕ ТУРЕ	John Lipscombe for Coun	ty Cout at Law #3
	GENERAL	Gold Lipscombe for Country GOMMITTEE ADDRESS St. 5th St. 11	/ 4
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>
additional pages		Emma Burientos	
		2906 Committee CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24058.52
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UN TOTALS			\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3027.94
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DATE REPORTING PERIOD	\$ 22329,22
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00
19 AFFIDAVIT		I swear, or affirm, under penalty of pe	rjury, that the accompanying report is
		true and correct and includes all infor	mation required to be reported by me
No.	VALERIE WILLIAMS stary Public, State o My Commission Ex August 18, 201	Texes Dires	
AFFIX NOTARY STA	AMP / SEAL ABOVE	ha said Val Mar Val	
Λ.		ify which, witness my hand and seal of office.	_this the <u>/ 5</u> day
Signature of officer admir	nistering oath	Print name of officer administering oath Title	of officer administering oath

SCHEDULE A (J)

The Instructi	on Guide explains how to complete this form.		1 Total pages Sche	
2 FILER NAME	<u> </u>		3 ACCOUNT # (Ett	nics Commission filers)
John Lipscor	mbe			
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	Charles Oliver Grigson		contribution (\$)	description(if applicable)
6/29/2009	6 Contributor address; City; State; Zip Code		250.00	
0/29/2009	603 Westlake Dr.		230.00	
	Austin, TX 78746		(18 4 . 7	
9 Contributor's p	principal occupation	10 Contributor's job t		of Texas, complete Schedule T)
lawyer				
11 Contributor's e		12 Law firm of contril	butor's spouse (if an	y <b>)</b>
	of Charles O. Grigson s a child, law firm of parent(s) (if any)			
13 in contributor is	a crillo, saw ilitii of pareril(a) (il city)			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Berkley B Bettis		contribution (\$)	description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code		100.00	
0/30/2009	5607 Montview Street		100.00	
	Austin, TX 78756-6161		(If traval outelds	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributors job t		or raxas, complete consume ()
Attorney				
	mployer/law firm  if Berkley Bettis	Law firm of contributor's spouse (if any)		
	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Juan A Arispe		community (4)	description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code		50.00	,
	4700 tobago cove			 
	austin, TX 78749		(If travel outside	of Texas, complete Schedule T)
Contributor's p Deputy II	rincipal occupation	Contributor's job t	title	
Contributor's e TCSO	mployer/law firm	Law firm of contributor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)			

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A	Α (	$(\mathbf{J})$
------------	-----	----------------

(512) 463-5800

	The Instruction	on Guide explains how to complete this form.		1 Total pages Sche 2 of 2	• •
2	FILER NAME			3 ACCOUNT # (Et	nics Commission filers)
	John Lipscon	nbe	}		
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6	6/30/2009	6 Contributor address; City; State; Zip Code 2000 Delvin Lane Austin, TX 78728-8680		50.00	 
9	0. 445.4-4-		10 Contributor's job		of Texas, complete Schedule T)
y	Software An	rincipal occupation	to Continuors job	ane	
11	Contributor's e		12 Law firm of contri	butor's spouse (if an	у)
13		a child, law firm of parent(s) (if any)	_		
	Date	Full name of contributor out-of-state PAC (iD#;	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
e	5/30/2009	Doug Bell Contributor address; City; State; Zip Code		25.00	  - 
		9202 Cedar Crest Dr Austin, TX 78750		(If travel outside	of Texas, complete Schedule T)
	Contributor's pr Engineer	incipal occupation	Contributor's job t	title	
	Contributor's er	nployer/law firm nsulting	Law firm of contril	butor's spouse (if an	у)
	If contributor is	a child, law firm of parent(s) (if any)			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
		Bristol Myers		contribution (\$)	description(if applicable)
(	5/30/2009	Contributor address; City; State; Zip Code		250.00	<b>\</b>
		1501 Canon Yeomans Trail			1
	<u></u>	Austin, TX 78748		(If travel outside	of Texas, complete Schedule T)
	Contributor's pr Attorney	incipal occupation	Contributor's job t	title	4
		nployer/law firm & Associates, P.C.	Law firm of contrib	outor's spouse (if any	γ)
	If contributor is	a child, law firm of parent(s) (If any)			

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## **POLITICAL CONTRIBUTIONS**

SCHEDULE A (J)

OTHER	THAN PLEDGES OR LOANS	S (JUDICIAL	_)	
The Instruction	on Guide expiains how to complete this form.		1 Total pages Sche 3 of 29	
2 FILER NAME John Lipscon			3 ACCOUNT # (EI)	nics Commission (iters)
4 Date 6/30/2009	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	5708 Avenue G Austin, TX 78701		(if travel outside	of Texas, complete Schedule T)
9 Contributor's p Attorney	vincipal occupation	10 Contributor's job t	title	
11 Contributor's e Law Office o	mployer/law firm of Paul Quinzi	12 Law firm of contril	outor's spouse (if an	у)
13 if contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#: Richard J. Segura, Jr.	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code		50.00	 
	Pflugerville, TX 78660		(If travel outside	of Texas, complete Schedule T}
Contributor's pa Attorney	rincipal occupation	Contributor's job t	title	
Contributor's er Self	mployer/law firm	Law firm of contrib	butor's spouse (if any	у)
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description(Happlicable)
6/30/2009	Contributor address; City; State; Zip Code 4831 Timberline Dr.	}	50.00	
	Austin, TX 78746-6563		(If travel outside	of Texas, complete Schedule T)
Contributor's pr Retiredil	rincipal occupation	Contributor's job t	itle	
Contributor's er <b>Retired</b>	mployer/lew firm	Law firm of contrib	butor's spouse (if any	y)
If contributor is	a child, law firm of parent(s) (if any)			· · · · · · · · · · · · · · · · · · ·

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

				•	,	٠,
SC	ΗE	Dυ	ILE	Α	ĹJ	,

The Instructi	on Guide explains how to complete this form.		1 Total pages Sche 5 of 29	
2 FILER NAME			3 ACCOUNT # (Eth	ics Commission filers)
John Lipscor	nbe			
4 Date	5 Full name of contributor out-of-state PAC (iD#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	Clifford Alan Swayze		Continuation (4)	gescribikati(ii abbikatbie)
6/30/2009	6 Contributor address; City; State; Zip Code		125.00	
0,30,200	12405 Alameda Trace Cir. #1328		1 43,00	
:	Austin, TX 78727	i		
9 Contributor's p	eincleal occupation	10 Contributor's job	·	of Texas, complete Schedule T)
Attorney	ппора оссираноп	10 Contributor 3 job	iiio	
11 Contributor's e	, -	12 Law firm of contri	butor's spouse (if any	/)
Private Prac	tice s a child, law firm of parent(s) (if any)			
13 il compactoris	sa conici, naw intri or pasorities) (is arry)			
Date	Full name of contributorout-of-state PAC (ID#:	):	Amount of	In-kind contribution
	Sean Richardson		contribution (\$)	description(if applicable)
6/30/2009	Contributor address; City, State; Zip Code		25.00	
0/30/2009	3980 N Major Dr Apt 224		25.50	
	Beaumont, TX 77713		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		
	mployer/law firm	Law firm of contributor's spouse (if any)		
	a child, law firm of parent(s) (if any)	· · · · · · · · · · · · · · · · · · ·	<del></del>	
			<del></del>	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Karl-Thomas Geddes Musselman			, , , , , , , , , , , , , , , , , , , ,
6/30/2009	Contributor address; City; State; Zip Code		14.26	
	1512 A Pennsylvania Ave			 
	Austin, TX 78702		(if travel outside	of Texas, complete Schedule T)
Contributor's property of the Communication of the	rincipal occupation nunications	Contributor's job	litte	
Contributor's er	mployer/law firm	Law firm of contril	butor's spouse (if any	·)
If contributor is	a child, law firm of parent(s) (if any)			

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S (JUDICIAL	-)	SCHEDULE A (J)
The Instructi	on Guide explains how to complete this form.		1 Total pages Sche	•
2 FILER NAMI			3 ACCOUNT # (Ett	nics Commission filers)
John Lipscor	nbe			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Sylvia Williams		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6/30/2009	6 Contributor address; City; State; Zip Code 421 E.6th Street, Suite A Austin, TX 78701		15.00	 
ļ	Austri, 17 70701		(If travel outside	of Texas, complete Schedule T)
		10 Cantributar's jab	title	
Solo Practiti 11 Contributor's e		12 Law firm of contri	butor's spouse (if an	у)
	s a child, law firm of parent(s) (if any)		·····	
Date	Full name of contributor out-of-state PAC (ID#: Ben C, Florey	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009 Contributor address; City; State; Zip Code			250.00	[ ]
	1800 Guadalupe Street			
	Austin, TX 78701			of Texas, complete Schedule T)
Contributor's principal occupation Contributor's jo  Attorney		Contributor's job		
Contributor's e Florey Law (	mployer/law firm Offices	Law firm of contri	butor's spouse (if an	y)
If contributor is	s a child, law firm of parent(s) (If any)			
Date	Full name of contributor     oul-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Jonathon Gins		contribution (\$)	description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code		14.26	 
	2917 e 14th st.			
	Austin, TX 78702		(If travel outside	of Texas, complete Schedule T)
Contributor's p consultant	rincipal occupation	Contributor's job t	title	•
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (If any)			
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

Austin, Texas 78711-2070

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

1-800-325-8506

The Instruction Guide explains how to complete this form.		1 Total pages Sche	• •	
2 FILER NAME	<u> </u>		3 ACCOUNT # (EII	nics Commission filers)
John Lipscon				
4 Date	5 Full name of contributorout-ot-state PAC (ID#: Marion Elizabeth Alsup	)	7 Amount of contribution (\$)	8 in-kind contribution description(if applicable)
6/30/2009	6 Contributor address; City; State; Zip Code 2311 Pruett St. Austin, TX 78703		50.00	 
		40 Constitute de la late		of Texas, complete Schedule T)
9 Contributor's p housewife	rincipal occupation	10 Contributor's job	TINO	
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if an	y)
	s a child, law firm of parent(s) (if any)	, , , , , , , , , , , , , , , , , , ,		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	tn-kind contribution description(if applicable)
	Judy Holioway		CONTINUE (4)	(description (it applicable)
6/30/2009	Contributor address; City; State; Zip Code		10.00	1
	3500 Greystone Drive Apt. 132			 
	Austin, TX 78731		(If travel outside	of Texas, complete Schedule T)
Contributor's pa	rincipal occupation Assistant	Contributor's jab	title	
	mployer/law firm f Texas at Austin	Law firm of contri	tributor's spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#: Ashliegh Blythe Naylor	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code		200.00	<u> </u> 
	12918 Candlestick Place			! 
	Austin, TX 78727		(if travel outside	of Texas, complete Schedule T)
Contributor's pr Independent	rincipal occupation : Contractor	Contributor's job	title	
Contributor's er Self-Employe	mployer/law firm ed	Law firm of contri	butor's spouse (if an	y)
If contributor is	a child, law firm of parent(s) (if any)			***************************************

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A (
--------------

(512) 463-5800

The Instruction Guide explains how to complete this form.		1 Total pages Sche 8 of 2	, ,		
2 FILER NAME			3 ACCOUNT # (EII	·	
John Lipscon				,, , , , , , , , , , , , , , , , ,	
<del></del>	<del></del>		7 Amount of	8 In-kind contribution	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		contribution (\$)	description(if applicable)	
	Deane Armstrong			1	
6/30/2009	6 Contributor address; City; State; Zip Code		25.00		
	17917 Lafayette Pk. Rd.				
	Jonestown, TX 78645		Alf danced according	of Towns commission Cobodute Ti	
9 Contributor's p	rincipal occupation	10 Contributor's job		of Texas, complete Schedule T)	
na	пори оссираноп				
11 Contributor's er	mployer/law firm	12 Law firm of contril	butor's spouse (if an	у)	
13 If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor	)	Amount of	In-kind contribution	
í	David N Smith		contribution (\$)	description(if applicable)	
6/30/2009	Contributor address; City; State; Zip Code		50.00	 	
	PO Box 537			1	
	Austin, TX 78767		(if travel outside	of Texas, complete Schedule T)	
Contributor's pi	rincipal occupation	Contributor's job	title		
	mployer/law firm th Attorney at Law	Law firm of contrib	v firm of contributor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor	)	Amount of	In-kind contribution	
Í	William Apt		contribution (\$)	description(if applicable)	
6/30/2009	Contributor address; City; State; Zip Code		100.00	]	
	1609 Shoalwood Creek Blvd Ste 300		100,00		
ļ	Austin, TX 78701		(If travel outside	of Texas, complete Schedule T)	
Contributor's pr attorney	incipal occupation	Contributor's job t			
	nployer/law firm Attorney at Law		outor's spouse (if an	у)	
If contributor is	a child, law firm of parent(s) (if any)				

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

	CAL CONTRIBUTIONS  THAN PLEDGES OR LOANS	S (JUDICIAI	(512) 463- _ <b>)</b>	SCHEDULE A (J)
The instructi	on Guide explains how to complete this form.		1 Total pages Sche	
2 FILER NAMI	=		3 ACCOUNT# (EII	
John Lipscor	mbe			
4 Date	5 Full name of contributorout-of-state PAC (ID#: Jamie Balagia	)	7 Amount of contribution (\$)	In-kind contribution     description(if applicable)
6/30/2009	6 Contributor address; City; State; Zip Code P.O. Box 360 Manor, TX 78653		100.00	; 
9 Contributor's pattorney	principal occupation	10 Contributor's job partner		of Texas, complete Schedule T)
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if an	у)
	of Jamie Balagia s a child, law firm of parent(s) (If any)			
Date	Full name of contributor out-of-state PAC (ID#: Douglas Beeson	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code 4408 Spicewood Springs Rd		200.00	 
	Austin, TX 78759		(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation attorney		Contributor's job Attorney	title	
	mployer/law firm eson Atty at Law	Law firm of contributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (iD#:	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code Littlefield Building 106 E 6th St		100.00	<u> </u> 
	Austin, TX 78701		(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation attorney		Contributor's job attorney	title	
Contributor's e self	mployer/law firm	Law firm of contri	butor's spouse (if any	y)
If contributor is	a child, law firm of parent(s) (if any)			
lf cont	ATTACH ADDITIONAL COPIES			ng requirements.

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	S (JUDICIAI	L)	SCHEDULE A (J)
The Instruct	tion Guide explains how to complete this form.		1 Total pages Sch	
2 FILER NAM	Œ	<del> </del>	3 ACCOUNT # (E	
John Lipsco				
4 Date	5 Full name of contributorout-of-state PAC (ID#: Edward Carmona	rtor		8 In-kind contribution description(if applicable)
6/30/2009	6 Contributor address; City: State; Zip Code 1301 S I H 35 Ste 304 Austin, TX 78741	•		
			<del></del>	of Texas, complete Schedule T)
	11 Contributor's employer/law firm 12		ibutor's spouse (if ar	ıy)
	is a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#; David Botsford	//		In-kind contribution description(if applicable)
6/30/2009	6/30/2009 Contributor address; City; State; Zip Code 1307 West Avenue		1000.00	 
	Austin, TX 78701		(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation attorney		Contributor's job	<del></del>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
If contributor i	is a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#: Wayne Meissner		Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code 812 San Antonio St Ste 400		250.00	 
	Austin, TX 78701		(If travel outside	of Texas, complete Schedule T)
Contributor's pattorney	principal occupation	Contributor's job Partner	•	
Contributor's e Fitzgerald &	employer/law firm • Meissner	Law firm of contri	butor's spouse (if an	у)
ff contributor is	s a child, law firm of parent(s) (if any)			
lf con	ATTACH ADDITIONAL COPIES tributor is out-of-state PAC, please see instru	· - · · · · · · · · · · · · · · · · · ·		ng requirements.

**POLITICAL CONTRIBUTIONS** 

### Austin, Texas 78711-2070

## SCHEDULE A (J)

1-800-325-8506

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 11 of 29		
2 FILER NAME		3 ACCOUNT# (Et	· · · · · · · · · · · · · · · · · · ·	
John Lipsco	ombe	l		
Date	Date 5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6/30/2009	6 Contributor address; City; State; Zip Code 600 W. 13th Street Austin, TX 78701		200.00	
9 Contributor's principal occupation attorney 10 Contributor's job to partner			of Texas, complete Schedule T	
		12 Law firm of contrib	outor's spouse (if an	y)
	is a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of contribution (\$)	in-kind contribution description(if applicable)
5/30/2009 Contributor address; City; State; Zip Code 819 1/2 West 11th St		250.00		
	Austin, TX 78701		(If travel outside	of Texas, complete Schedule T
		Contributor's job t attorney	•	
Contributor's employer/law firm self		Law firm of contrib	outor's spouse (if an	y)
lf contributor	is a child, law firm of parent(s) (if any)			
Date	Full name of contributoroul-of-state PAC (ID#: Sandra Ritz	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code		500.00	<b>,</b> 
	902 Rio Grande Austin, TX 78703		(If travel outside	of Texas, complete Schedule T
Contributor's attorney	principal occupation	Contributor's job t attorney	itle	
Contributor's c	employer/law firm	Law firm of contrib	outor's spouse (if any	y)
If contributor i	s a child, law firm of parent(s) (if any)		<del></del>	<u></u>

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A (J)

1-800-325-8506

				<u></u>	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)* 12 of 29		
2 FILER NAME			3 ACCOUNT # (Elt	nics Commission (ders)	
John Lipscor	nbe				
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution	
	David Sheppard		contribution (\$)	description(if applicable)	
c /20 /2000	6 Contributor address; City; State; Zip Code		1000 00		
6/30/2009	700 Lavaca Street Ste 1550		1000.00		
ļ	Austin, TX 78701				
		40 Contributed in		of Texas, complete Schedule T)	
9 Contributor's p attorney	rincipal occupation	10 Contributor's job attorney	title		
			contributar's spouse (if any)		
	a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
	Bobby Taylor		contribution (\$)	description(if applicable)	
6/30/2009	Contributor address; City; State; Zlp Code	, , , , , , , , , , , ,	500.00	•	
	a			<b>\</b> 	
	Austin, TX 77777		(If travel outside	of Texas, complete Schedule T)	
Contributor's principal occupation a		Contributor's job litte			
Contributor's employer/law firm a		Law firm of contributor's spouse (if any)			
If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
	Claudia Tijerina		contribution (\$)	description(if applicable)	
6/30/2009	Contributor address; City; State; Zip Code		25.00	<u>}</u>	
	2909 Philo St		25.50		
	San Marcos, TX 78666		(If travel outside	of Texas, complete Schedule T)	
Contributor's p	rincipal occupation	Contributor's job	title		
Contributor's er	mployer/law firm	Law firm of contri	butor's spouse (if an	у)	
a					
it contributor is	a child, law firm of parent(s) (if any)				

Austin, Texas 78711-2070

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A (J
---------------

(512) 463-5800

The Instruc	tion Guide explains how to complete this form.		1 Total pages Sche 13 of 2		
2 FILER NAM	IE .		3 ACCOUNT # (EI	ucs Commission filers)	
John Lipsco	embe				
4 Date	5 Full name of contributoroul-of-state PAC (ID#: Vinh Tran	)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
6/30/2009	6 Contributor address; City; State; Zip Code 11507 N Lamar		100.00		
	Austin, TX 78753	<del></del>	(If travel outside	of Texas, complete Schedule T)	
	principal occupation	10 Contributor's job	title		
a 11 Contributor's employer/law firm 12		12 Law firm of centri	ibutor's spouse (if any	y)	
13 If contributor	is a child, law firm of parent(s) (if any)		•		
Date	Full name of contributor out-of-state PAC (ID#:  Joseph Turner	)	Amount of contribution (\$)	tn-kind contribution description(if applicable)	
6/30/2009	Contributor address; City, State, Zip Code 11217 Fitzhugh Rd		250,00	<u> </u>	
	Austin, TX 78736		(If trave) outside	of Texas, complete Schedule T)	
Contributor's a	principal occupation	Contributor's job	title		
Contributor's employer/law firm a		Law firm of contri	Law firm of contributor's spouse (if any)		
If contributor	is a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#: Mike Walker	)	Amount of contribution (\$)	In-kind contribution description(if applicable)	
6/30/2009	Contributor address; City; State; Zip Code		25.00	 	
	Austin, TX 77777		(If travel outside	of Texas, complete Schedule T)	
Contributor's	principal occupation	Contributor's job	<del></del>		
Contributor's	employer/law firm	Law firm of contri	ibutor's spouse (if any	y)	
If contributor i	s a child, law firm of parent(s) (if any)				

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics C	ommission P.O. Box 12070 Austin, T	exas 78711-2070	(512) 463	-5800 1-800-325-8	
1	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S (JUDICIAL	-)	SCHEDULE A (J)	
The instructi	on Guide explains how to complete this form.	W. C.	1 Total pages Scho	* *	
2 FILER NAME			3 ACCOUNT # (Et		
John Lipscor			. •		
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution	
	Eva Eakin Wisser	,	contribution (\$)	description(if applicable	
6/30/2009	6 Contributor address; City; State; Zip Code 821 W 11th St Austin, TX 78701		125.00	 	
9 Contributor's p	rincipal occupation	10 Contributor's job		of Texas, complete Schedule	
a .	nineparoccupation	10 Constitution 3 job			
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if an	ıy)	
a  13 If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description(if applicable	
6/30/2009	Contributor address; City; State; Zip Code		250.00		
0,30,2003	1012 Rio Grande		230.00		
	Austin, TX 78701		(if trave) outside	of Texas, complete Schedule	
Contributor's p	rincipal occupation	Contributor's job t			
Contributor's e a	mployer/law firm	Law firm of contributor's spouse (if any)			
if contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description(if applicable)	
6/30/2009	Contributor address; City; State; Zip Code		1000.00	1	
	1100 West Ave			[ [	
	Austin, TX 78701		(If travel outside	of Texas, complete Schedule	
Contributor's p	rincipal occupation	Contributor's job t	itle		
Contributor's employer/law firm		Law firm of contrib	outor's spouse (if an	у)	
If contributor is	a child, law firm of parent(s) (if any)		***		
lf cont	ATTACH ADDITIONAL COPIES ributor is out-of-state PAC, please see instru			ng requirements.	

P.O. Box 12070

## SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J) 15 of 29	
2 FILER NAME John Lipscombe			3 ACCOUNT # (Ed	nics Commission (ilers)
4 Date	5 Full name of contributorout-of-state PAC (ID#: Hopkins Music Group LLC	)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6/30/2009	6 Contributor address; City; State; Zip Code  N. Lamar  Austin TV 79703		50.00	  -  -
	Austin, TX 78703	T	·	of Texas, complete Schedule T)
9 Contributor's	principal occupation	10 Contributor's job	title	
11 Contributor's	employer/law firm	12 Law firm of contri	butor's spouse (if an	y)
13 If contributor	is a child, law firm of parent(s) (if any)			
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code		30.00	[
i	3016 Guadalupe #312 Austin, TX 78705		(If travel outside	}    of Texas, complete Schedule T)
Contributor's attorney	principal occupation	Contributor's job attorney		
Contributor's employer/law firm a		Law firm of contri	Law firm of contributor's spouse (if any)	
If contributor	is a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Betty Blackwell		contribution (\$)	description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code	,	1000.00	1
	1306 Nueces St	i		I I
	Austin, TX 78701		(If travel outside	of Texas, complete Schedule T)
Contributor's attorney	principal occupation	Contributor's job t attorney	iitle	
Contributor's self	employer/law firm	Law firm of contri	outor's spouse (if an	y)
If contributor	is a child, law firm of parent(s) (if any)			<u> </u>

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 P.O. Box 12070 Texas Ethics Commission **POLITICAL CONTRIBUTIONS** SCHEDULE A (J) OTHER THAN PLEDGES OR LOANS (JUDICIAL) 1 Total pages Schedule A(J). The Instruction Gulde explains how to complete this form. 16 of 29 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John Lipscombe Date 7 Amount of 18 In-kind contribution 5 Full name of contributor Dut-of-state PAC (ID#;\_ description(if applicable) contribution (\$) The Martinez Law Firm . . . . . . . . . . . . . . 6 Contributor address; City; State; Zip Code 300.00 6/30/2009 2101 S. IH 35 Ste 201 Austin, TX 78741 (If travel outside of Texas, complete Schedule T) 10 Contributor's job titlo 9 Contributor's principal occupation 12 Law firm of contributor's spouse (if any) 11 Contributor's employer/law firm 13 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor ut-of-state PAC (ID#;\_ Amount of In-kind contribution contribution (\$) description(if applicable) John Westenhover City; State; Zip Code Contributor address; 6/30/2009 500.00 Austin, TX 77777 (If travel outside of Texas, complete Schedule T) Contributor's principal occupation Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor ut-of-state PAC (ID#:\_ Amount of In-kind contribution contribution (\$) description(if applicable) Minton, Burton, Foster & Collins Contributor address; City: State: Zip Code 6/30/2009 2500.00 1100 Guadalupe St Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Contributor's principal occupation Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A (J
---------------

(512) 463-5800

		,		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J): 17 of 29	
2 FILER NAM	ΛE		3 ACCOUNT # (Eth	ics Commission filers)
John Lipsco	ombe			
4 Date	5 Full name of contributorout-of-state PAC (ID#: Scanlan, Buckle & Young	)	7 Amount of contribution (\$)	8 In-kind contribution description(If applicable)
6/30/2009	6 Contributor address; City; State; Zip Code 602 W. 11th St		500.00	
	Austin, TX 78701		<del> </del>	of Texas, complete Schedule T)
9 Contributor's	principal occupation	10 Contributor's job	title	
11 Contributor's employer/law firm 12 Law firm o		12 Law firm of contri	butor's spouse (if any	·)
13 If contributor	is a child, law firm of parent(s) (if any)	<u> </u>		
Date	Full name of contributor Out-of-state PAC (tD#:	)	Amount of contribution (\$)	tn-kind contribution description(if applicable)
6/30/2009 Contributor address; City; State; Zip Code 2300 E. Cesar Chavez St			250.00	
•	Austin, TX 78702		(if travel outside o	of Texas, complete Schedule T)
Contributor's	principal occupation	Contributor's job	title	
Contributor's employer/law firm		Law firm of contri	ibutor's spouse (if any	()
If contributor	is a child, law firm of parent(s) (if any)	<u></u>		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code		250.00	
	1715 East 7th Street Austin, TX 78702	-	(If travel outside	of Texas, complete Schedule T)
Contributor's Attorney	principal occupation	Contributor's job Partner	title	
Contributor's <b>Self</b>	employer/law firm	Law firm of contri	butor's spouse (if any	()
If contributor	is a child, law firm of parent(s) (if any)			

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

P.O. Box 12070

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

<u> </u>					
The instruction Guide explains how to complete this form.			1 Total pages Schedule A(J): 18 of 29		
2 FILER NAME	<b>E</b>		3 ACCOUNT # (Eth	ics Commission filers)	
John Lipscombe					
4 Date	5 Full name of contributor Out-of-state PAC (ID#:) 7		7 Amount of	8 In-kind contribution	
Į	Fred Bibus		contribution (\$)	description(if applicable)	
6/30/2009	6 Contributor address; City; State; Zip Code		500.00		
0/30/2009	11701 Onion Hollow Rd		300.00		
	Austin, TX 78739				
O Contributora s	principal occupation	10 Contributor's job		of Texas, complete Schedule T)	
9 Contributor's p	inicipal occupation	LA COUNTRIONS JOD	me		
		12 Law firm of contri	butor's spouse (if any	y)	
13 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
	Shane Boasberg		contribution (\$)	description(if applicable)	
6/30/2009 Contributor address; City; State; Zip Code 1201 Rio Grande, Suite 200			100.00		
	Austin, TX 77777		(if travel outside	of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job Partner			
Contributor's employer/law firm Law Self		Law firm of contri	aw firm of contributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	)	Amount of	In-kind contribution	
	Ira Davis		contribution (\$)	description(if applicable)	
6/30/2009	Contributor address; City; State; Zip Code		250.00		
	1012 Rio Grande	25565			
	Austin, TX 78701		(If travel outside	of Texas, complete Schedule T)	
Contributor's p <b>Attorney</b>	rincipal occupation	Contributor's job Attorney	title		
	mployer/law firm ce of Ira L. Davis	Law firm of contri	butor's spouse (if any	/)	
if contributor is	a child, law firm of parent(s) (if any)				

Austin, Texas 78711-2070

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **POLITICAL CONTRIBUTIONS** SCHEDULE A (J) OTHER THAN PLEDGES OR LOANS (JUDICIAL) 1 Total pages Schedule A(J). The Instruction Guide explains how to complete this form. 19 of 29 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John Lipscombe Amount of B In-kind contribution Date 5 Full name of contributor Out-of-state PAC (ID#: description(if applicable) contribution (\$) Bart Denum City; State; Zip Code 250.00 6/30/2009 6 Contributor address; P.O. Box 5995 Austin, TX 78763 (If travel outside of Texas, complete Schedule T) 10 Contributor's job title Contributor's principal occupation Attorney Attorney 11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any) The Law Office of Bart Denum 13 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description(if applicable) Coke Dilworth Contributor address; City; State; Zip Code 6/30/2009 100.00 415 Brady Lane Austin, TX 78746 (If travel outside of Texas, complete Schedule T) Contributor's principal occupation Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Full name of contributor Out-of-state PAC (ID#:\_ Amount of In-kind contribution contribution (\$) description(if applicable) Dan Dworin Contributor address; City; State; Zip Code 6/30/2009 250.00 700 Lavaca Street Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Contributor's principal occupation Contributor's job title Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any)

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

(512) 463-5800

The Instruct	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 20 of 29	
2 FILER NAM	E		3 ACCOUNT # (Eth	ics Commission filers)
John Lipsco	mbe			
4 Date	5 Full name of contributor	)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6/30/2009	6 Contributor address; City; State; Zip Code 812 Sand Antonio Street, Suite 118 Austin, TX 78701		300.00	
				of Texas, complete Schedule T)
9 Contributor's : Attorney	principal occupation	10 Contributor's job Attorney	title	
11 Contributor's 6	employer/law firm	12 Law firm of contri	butor's spouse (if any	)
13 If contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code	, , , , , , , , , , ,	250.00	
	404 W. 13th St Austin, TX 78701		(16 tenual autoida e	of Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job Attorney	<del></del>	r texas, complete deflecture Ty
Contributors e	employer/law firm	Law firm of contri	butor's spouse (if any	)
If contributor is	s a child, law firm of parent(s) (if any)	-		
Date	Full name of contributorout-of-state PAC (ID#: Kenny Gibson	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code 700 Lavaca St Suite 1010		500.00	
Austin, TX 78701			(If travel outside	of Texas, complete Schedule T)
Contributor's p	orincipal occupation	Contributor's job :		
Contributor's e Self	mployer/law firm		butor's spouse (if any	)
If contributor is	a child, law firm of parent(s) (if any)			

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A (J	SCHEDU	LE	A	(J
---------------	--------	----	---	----

(512) 463-5800

The Instruction Guide explains how to complete this form.		1 Total pages Sche		
2 FILER NAME			3 ACCOUNT # (EI	
John Lipscor				,
			7 Amount of	8 In-kind contribution
4 Date	5 Full name of contributor  out-of-state PAC (ID#;	;	contribution (\$)	description(if applicable)
Ì	Virginia Greenway		}	1
6/30/2009	6 Contributor address; City; State; Zip Code	•	250.00	
1	811 Nueces			
ļ	Austin, TX 78701			
	<u></u>	40 Combile de de la la	<u> </u>	of Texas, complete Schedule T)
9 Contributor's principal occupation 10 Contributor's job Attorney Attorney		HILL		
11 Contributor's e	mployer/law firm	12 Law firm of contri	ibutor's spouse (if an	у)
Self 13 If contributor is	s a child, law firm of parent(s) (if any)			
10 00				
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
	lan Inglis		contribution (\$)	description(if applicable)
	. , ,			, 
6/30/2009	Contributor address; City; State; Zip Code		350.00	
	1012 Rio Grande			<u> </u>
	Austin, TX 78701		(If travel outside	of Texas, complete Schedule T)
	rincipal occupation	Contributor's job	title	
Attorney	mployer/law firm	Attorney  Law firm of contributor's spouse (if any)		
Self	ntiployernaw iirin	Edwining Contributor's aposition (in arry)		
If contributor is	a child, law firm of parent(s) (if any)			
				<del></del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Kuhn, Doyle & Kuhn			
6/30/2009	Contributor address; City; State; Zip Code		250.00	
0,50,200	603 West Eighth Street		230.00	
:	Austin, TX 78701		(If travel outside	of Taxas, complete Schedule Ti
Contributor's principal occupation		(If travel outside of Texas, complete Schedule T)  Contributor's job title		of Toxas, complete ochedula ()
Contributor's e	mployer/law firm	Law firm of contri	ibutor's spouse (if an	y)
If contributor is	a child, law firm of parent(s) (if any)	<u> </u>		

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 P.O. Box 12070 Texas Ethics Commission SCHEDULE A (J) **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS (JUDICIAL) 1 Total pages Schedule A(J): The instruction Guide explains how to complete this form. 22 of 29 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John Lipscombe Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of In-kind contribution contribution (\$) description(if applicable) Mike Luna 6/30/2009 6 Contributor address; City; State; Zip Code 250.00 8617 Minot Circle Austin, TX 78748 (If travel outside of Texas, complete Schedule T) 10 Contributor's job title Contributor's principal occupation attorney attorney 12 Law firm of contributor's spouse (if any) 11 Contributor's employer/law firm 13 If contributor is a child, law firm of parent(s) (if any) In-kind contribution Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description(if applicable) Gilbert Martinez Contributor address: City: State: Zip Code 6/30/2009 100.00 502 W. 14th St Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Contributor's job title Contributor's principal occupation Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date In-kind contribution Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) description(if applicable) White & Measells City: State: Zip Code Contributor address; 6/30/2009 250.00 1205 Rio Grande Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Contributor's principal occupation Contributors job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any)

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## SCHEDULE A (J)

(512) 463-5800

				· · · · · · · · · · · · · · · · · · ·
The Instructi	ion Guide explains how to complete this form.		1 Total pages Sche	
2 FILER NAM	E		3 ACCOUNT # (Ethics Commission (iters)	
John Lipscon				
4 Date	5 Full name of contributorout-of-state PAC (ID#: Orr and Olayson	)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6/30/2009	6 Contributor address; City; State; Zip Code 804 Rio Grande Street		500.00	'    -
	Austin, TX 78701		(If travel outside	of Texas, complete Schedule T)
9 Contributor's principal occupation 10 Contributor's job		10 Contributor's job	title	
11 Contributor's employer/law firm 12 Law firm of cor		12 Law firm of contri	ibutor's spouse (if an	у)
13 if contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributornut-of-state PAC (ID#: Gunter and Bennett	)	Amount of contribution (\$)	in-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code		1000.00	
 	600 W. 9th St Austin, TX 78701		(If travel outside	of Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job	title	-
Contributor's e	mployer/law firm	Law firm of contributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)			
Date .	Full name of contributoraut-of-state PAC (ID#: Donna Beth McCormick	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City, State, Zip Code		50.00	1
	5703 Shoalwood Avenue Austin, TX 78756		(if travel outside	of Texas, complete Schedule T)
the state of the s		Contributor's job		
Contributor's e Retired	mployer/law firm	Law firm of contributor's spouse (if any)		y)
lf contributor is	a child, law firm of parent(s) (if any)		<del></del>	

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## SCHEDULE A (J)

The Instructi	on Guide explains how to complete this form.		1 Total pages Schell 24 of 2	
2 FILER NAME	-		3 ACCOUNT # (Etn	ics Commission filers)
John Lipscor	nbe			
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	Ariel Payan		contribution (\$)	description(if applicable)
6/30/2009	6 Contributor address; City; State; Zip Code 1012 Rio Grande St		250.00	
	Austin, TX 78701		(If travel outside	of Toxas, complete Schedule T)
9 Contributor's p Attorney	rincipal occupation	10 Contributor's job Attorney	title	
11 Contributor's employer/law firm Self			ibutor's spouse (if any	<i>n</i>
13 If contributor is	s a child, law firm of perent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Charles Popper		contribution (\$)	description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code		500.00	
	6409 Gouldville Court		Į Į	!
	Austin, TX 78739		(if travel outside	of Texas, complete Schedule T)
Contributor's p Attorney	rincipal occupation	Contributor's job Attorney	title	
Contributor's e Self	mployer/law firm	Law firm of contri	ibutor's spouse (if any	0
lf contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	DK Punzi		contribution (\$)	description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code		100.00	İ
0,30,2003	2309 Falcon Hill Drive		100.00	
Austin, TX 78745		(If travel outside of Texas, complete Schedule T)		of Texas, complete Schedule T)
Contributor's pe	rincipal occupation	Contributor's job Attorney	title	
Contributor's ei	mployer/law firm	Law firm of contri	ibutor's spouse (if any	0
lf cantributor is	a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## SCHEDULE A (J)

(512) 463-5800

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J): 25 of 29	
2 FILER NAME			3 ACCOUNT # (EII	hics Commission filers)
John Lipscombe				
	<del></del>		7 Amount of	8 In-kind contribution
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	contribution (\$)	description(if applicable)
	David Ramos	ļ	,	
6/30/2009	6 Contributor address; City; State; Zip Code		150.00	
0,30,2009	1016 Avondale Rd		70000	
	Austin, TX 78704			†
		,		of Texas, complete Schedule T)
9 Contributor's p Attorney	rincipal occupation	10 Contributor's job t Attorney	title	
11 Contributor's e	mployer/law firm	12 Law firm of contrib	butor's spouse (if an	y)
The Martine				
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Bennie Ray		contribution (\$)	description(if applicable)
	<b>)</b>	,		
6/30/2009	Contributor address; City; State; Zip Code		100.00	
	1307 West Avenue			; [
	Austin, TX 78701		(If travel outside	of Texas, complete Schedule T)
Contributor's p Attorney	dincipal occupation	Contributor's job t Attorney	title	
Contributor's e	mployer/law firm	Law firm of contributor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (iD#:	)	Amount of	In-kind contribution
	Reagan Reaud		contribution (\$)	description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code		1000.00	<u> </u>
ļ	1231 Parkway			<u> </u>
	Austin, TX 78703		(If travel outside	of Texas, complete Schedule T)
Contributor's pa	rincipal occupation	Contributor's job title Partner		
Contributor's er Reaud Morga	mployer/law firm an & Quinn	Law firm of contributor's spouse (if any)		у)
If contributor is	a child, law firm of parent(s) (if any)	<u> </u>	······································	

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

The Instruction Guide explains how to complete this form.			1 Total pages Scho	
2 FILER NAM	E		3 ACCOUNT # (Et	
John Lipsco		:		
4 Date	5 Full name of contributor	<del>-</del>		8 In-kind contribution description(if applicable)
6/30/2009	2009 6 Contributor address; City: State; Zip Code 600 Little Oak Dr Austin, TX 78753		100.00	  - 
9 Contributor's	principal occupation	10 Contributors job		of Texas, complete Schedule T)
Attorney	s.mapar occupation	Attorney		
11 Contributors	employer/law firm	12 Law firm of contril	outor's spouse (if an	y)
	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	)	Amount of contribution (\$)	in-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code		100.00	 
	10207 B River Plantation Dr Austin, TX 78747	i		
Contributor's p	principal occupation	(If travel outside of Toxas, complete Schedule T)  Contributor's job title Attorney		
	employer/law firm		outor's spouse (if an	у)
If contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor Out-of-state PAC (ID#: Franklin Scott Spears, Jr.		Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code Barton Oaks Plaza One Suite 420		250.00	 
	Austin, TX 78746		(If travel outside	of Toxas, complete Schedule T)
Contributor's pattorney	principal occupation	Contributor's job t	itle	
Contributor's employer/law firm Law firm of contributor's spouse (if any)  Arenson & Spears			у)	
If contributor is	s a child, law firm of parent(s) (if any)			······································

### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## **POLITICAL CONTRIBUTIONS**

SCHEDULE A (J)

(512) 463-5800

The instruction Guide explains how to complete this form.			1 Total pages Sche	
2 FILER NAM	ΛE ,		3 ACCOUNT # (Et	<del></del>
John Lipsco	ombe			
<b>1</b> Date	5 Full name of contributor  out-of-state PAC (ID# John Stark	)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable
6/30/2009	6 Contributor address; City; State; Zip Code 2011 Inverness Dr Round Rock, TX 78681		250,00	of Texas, complete Schedule
• Contributor's	principal occupation	10 Contributor's job		
Attorney		Attorney		
11 Contributors Self	employer/law firm	12 Law firm of contri	butor's spouse (if an	y)
	is a child, law firm of parent(s) (If any)			
Date	Full name of contributor out-of-state PAC (ID#: Matthew Jones	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code 4408 Spicewood Springs		100.00	<u> </u>
	Austin, TX 78759		(if travel outside	of Texas, complete Schedule
Contributor's Attorney	principal occupation	Contributor's job Attorney	title	
Contributor's Self	employer/law firm	Law firm of contri	butor's spouse (if an	y)
If contributor	is a child, law firm of parent(s) (if any)	<del></del>		
Date	Full name of contributor out-of-state PAC (ID#: Chambers and Associates	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code		500.00	1
	1104 Nueces St Ste 208 Austin, TX 78701		(If travel outside	of Texas, complete Schedule
Contributor's	principal occupation	Contributor's job	<del></del>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		

### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

1-800-325-8506

## **POLITICAL CONTRIBUTIONS**

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	S (JUDICIAL	_)	SCHEDULE A (J)
The instruc	tion Guide explains how to complete this form.		1 Total pages Sche	
2 FILER NAN	AE		28 of 2	
John Lipsco				,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6/30/2009	6 Contributor address; City: State; Zip Code 1403 Hillcrest Dr	, , , , , , , , , , , , ,	50.00	†  - 
	Austin, TX 78723		(If travel outside	of Texas, complete Schedule T)
9 Contributor's principal occupation 10 Contributor Retired			title	
	employer/law firm	12 Law firm of contributor's spouse (if any)		
13 If contributor	is a child, law firm of parent(s) (if any)			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code 2668 Barron Rd		25.00	1
	College Station, TX 77845		l (If travel outside	of Texas, complete Schedule T)
Contributor's Not Applic	principal occupation able	Contributor's job	·	
Contributor's Not Applic	employer/law firm able	Law firm of contri	butor's spouse (if an	y)
	is a child, law firm of parent(s) (if any)	<u> </u>		***************************************
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
6/30/2009	Contributor address; City; State; Zip Code		1000.00	1
	1100 Guadalupe St Austin, TX 78701		(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation		Contributor's job		The same same as a same a same as a same as a same a same a same a same a same a same
Contributor's	employer/law firm	Law firm of contril	butor's spouse (if any	y)
if contributor	is a child, law firm of parent(s) (If any)	<u></u>		
· · · · · · · · · · · · · · · · · · ·				

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

(512) 463-5800

-	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	S (JUDICIAI	L)	SCHEDULE A (J)
The Instruc	tion Guide explains how to complete this form.		1 Total pages Schedule A(J): 29 of 29	
2 FILER NAM John Lipsco			3 ACCOUNT # (En	hics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Progressive Action			8 In-kind contribution description(if applicable)
6/30/2009	6 Contributor address; City; State; Zip Code 1307 West Ave Austin, TX 78701		500.00	       of Texas, complete Schedule T)
9 Contributor's	principal occupation	10 Contributor's job		
11 Contributor's employer/law firm 12 Law fir		12 Law firm of contri	ibutor's spouse (if an	у)
13 If contributor	is a child, law firm of parent(s) (if any)	<u></u>		
Date	Full name of contributor out-oi-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			 
Contributor's	principal occupation	Contributor's job		of Texas, complete Schedule T)
	employer/law firm	l aw firm of contri	ibutor's spouse (if an	W
		Law militor comm	noutor a apodad (ii air	y)
if contributor	is a child, law firm of parent(s) (If any)		·	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			1    -
	}		(if travel outside	of Texas, complete Schedule T)
Contributor's	principal occupation	Contributør's job	title	
Contributor's	amployer/law firm	Law firm of contributor's spouse (if any)		
If contributor i	s a child, law firm of parent(s) (if any)		· · · · · · · · · · · · · · · · · · ·	***************************************
	ATTACH ADDITIONAL CODIE	e of this form as	NEEDED	
lf con	ATTACH ADDITIONAL COPIE: tributor is out-of-state PAC, please see instri			ng requirements.

POLITI	CAL EXPENDITURES			SCHEDU	LE <b>F</b>
The Instructi	on Guide explains how to complete this form.		1 Total pages 1	Schedulo F:	
2 FILER NAM John Lipsco			3 ACCOUNT#	(Ethics Commission filers	5)
4 Date	5 Payee name			7 Amount	
	Piryx, Inc.			(3)	
6/29/2009	6 Payee address; City; State; Zip Code			11,25	
0,22.233	401 W 15th Street Suite 520		ļ	,,,	
	Austin, TX 78701				
8 Purpose of pation required.)	yment (See instructions regarding type of informa-	9 Complete if di Candidate / Officeholder nam		to benefit C/OH	Office held
Transaction					
	o of Toxas, complete Schedule T)			A	
Date	Payee name Piryx, Inc.			Amount (\$)	
	Payee address; City; State; Zip Code				
6/30/2009	401 W 15th Street Suite 520			4.50	
	Austin, TX 78701				
Pumose of pa	yment (See instructions regarding type of informa-	0			
tion required.)	whom (Soe instructions regarding type of informa-	Candidate / Officeholder nam		to benefit C/OH ··· ice sought	Office held
Transaction	fee				
(If travel outside	of Texas, complete Schedule T)				
Date	Payee name			Amount (\$)	
	Piryx, inc.			,,,,	
6/30/2009	Payee address: City: State: Zip Code			2.25	
	401 W 15th Street Suite 520				
	Austin, TX 78701				
Purpose of pay tion required.)	ment (See instructions regarding type of informa-	•• Complete if di Candidate / Officeholder nam		to benefit C/OH ce sought	Office held
Transaction f					
	ie of Texas, complete Schedule T)				
Date	Payee name Piryx, Inc.			Amount (\$)	
6/30/2009	Payee address; City: State; Zip Code		- ,	2,25	
0/30/2007	401 W 15th Street Suite 520			2,23	
	Austin, TX 78701				
Purpose of pay tion required.)	ment (See instructions regarding type of informa-	Complete if dir Candidate / Officeholder name		to benefit C/OH •• ce sought	Office hold
Transaction f	ee				
(If travel outside	of Texas, complete Schedule T)				-
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEE	DED		

2	John Lipsco	***	# (Ethics Commission (illurs)
4	Date 6/30/2009	Firyx, Inc.  6 Payee address; City: State; Zip Code  401 W 15th Street Suite 520  Austin, TX 78701	7 Amount (\$) 1,13
8	Purpose of pation required.	Guidade / Gillos Retor Territo	to benefit C/OH ·  three sought Office he

(If travel outside	of Texas, complete Schedule T)	
Date	Payee name Piryx, Inc.	Amount (\$)
6/30/2009	Payee address; City; State; Zip Code  401 W 15th Street Suite 520  Austin, TX 78701	11.25

tion required.)		syment (See instructions regarding type of informa-	<ul> <li>Complete if direct expenditure to benefit C/OH</li> </ul>				
			Candidate / Officeholder name	Office sought	Office held		
	Transaction	fee					
	(If travel outsid	e of Texas, complete Schedule T)					
	Date	Payee name		Amo			
		Płryx, Inc.		(\$	)		

Date	Plryx, Inc.			(\$)
6/30/2009	Payee address; City; State; Zip Code		4.50	
	401 W 15th Street Suite 520			
	Austin, TX 78701			
Purpose of pay tion required.)	yment (See instructions r	egarding type of informa-	Complete if direct ex Candidate / Officeholder name	office sought Office held

Transaction (If travel outsi	fee de of Texas, complete Schedule T)	
Date	Payee name Piryx, Inc.	Amount (\$)
6/30/2009	Payee address; City; State; Zip Code	2.25

6/30/2009	Payee address; City; State; Zip Code 401 W 15th Street Suite 520		2.25
	Austin, TX 78701		
Purpose of partion required.)	yment (See instructions regarding type of informa-	Complete if direct expenditure	e to benefit C/OH ··

Purpose of payment (See instructions regarding type of information required.)	Complete if direct ex Candidate / Officeholder name	 Office held	
Transaction fee			

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

(If travel outside of Texas, complete Schedule T)

POLIT	ICAL EXPENDITURES			SCHEDULE F
The Instru	The instruction Guide explains now to complete this form.		1 Total pages 3 of 7	Schedule F:
2 FILER NA			3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name	·	,	7 Amount
	Piryx, Inc.			(\$)
6/30/2009	6 Payee address; City; State; Zip Code		, , ,	2.25
0/30/2009	401 W 15th Street Suite 520			2.23
)	Austin, TX 78701			
8 Purpose of tion required	payment (See instructions regarding type of informa-	9 Complete if di Candidate / Officeholder nam	•	e to benefit C/OH ··  (flice sought Office held
Transactio				
	ide of Texas, complete Schedule T)			Amount
Date	Payee name Piryx, Inc.			(\$)
6/20/2000	Payee address; City, State; Zip Code			1.12
0/30/2009	6/30/2009 Payee address. City. State, 2ip Code 401 W 15th Street Suite 520			1.13
	Austin, TX 78701			
	payment (See instructions regarding type of informa-	·· Complete if de	rect expenditure	to benefit C/OH ··
tion required		Candidate / Officeholder nam	e Of	fice sought Office held
Transactio	n fee ide of Texas, complete Schedule T)			
Date	Payee name			Amount
	Piryx, Inc.		İ	(\$)
6/30/2009	Payee address; City; State; Zip Code			11.25
	401 W 15th Street Suite 520		į	
	Austin, TX 78701		_	
Purpose of p	payment (See instructions regarding type of informa- 1.)	Complete if did Candidate / Officeholder name		to benefit C/OH fice sought Office held
Transactio				
	tside of Texas, complete Schedule T)			
Date	Payee name Piryx, Inc.		1	Amount (\$)
6/30/2009	Payee address; City; State; Zip Code			4.50
.,,	401 W 15th Street Suite 520			55
	Austin, TX 78701			
Purpose of p	payment (See Instructions regarding type of informa-	•• Complete if dir Candidate / Officeholder name		to benefit C/OH lice sought Office held
Transaction	n fee			
(If travel outsi	de of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEE	DED	

Texas Ethics Commission

POLITI	CAL EXPENDITURES		SCHEDULE <b>F</b>
The Instruct	tion Guide explains how to complete this form.	1 Total pag 4 of 7	yes Schedule F:
2 FILER NAI John Lipsco		3 ACCOU	NT # (Ethics Commission filors)
4 Date	5 Payee name Piryx, Inc.		7 Amount (\$)
6/30/2009	6 Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701		5.63
8 Purpose of pa tion required.	ayment (See instructions regarding type of informa- )	9 Complete if direct expendit Candidate / Officeholder name	ure to benefit C/OH · · Office had
Transaction	fee de of Texas, complete Schedule T)		
Date	Payee name Piryx, Inc.		Amount (\$)
6/30/2009	Payee address: City; State; Zip Code 401 W 15th Street Suite 520		1.13
	Austin, TX 78701	<del></del>	
Purpose of pation required.)	ayment (See instructions regarding type of informa- )	Complete if direct expendit     Candidate / Officeholder name	Office sought Office held
Transaction (If travel outsid	fee o of Texas, complete Schedule T)		
Date	Payee name Piryx, Inc. Payee address: City; State; Zip Code		Amount (\$)
6/30/2009	401 W 15th Street Suite 520  Austin, TX 78701		0.64
Purpose of pa tion required.)	syment (See instructions regarding type of informa-	Complete if direct expendit Candidate / Officeholder name	ure to benefit C/OH -> Office sought Office held
Transaction (If travel outs	fee ide of Texas, complete Schedule T)		
Date	Payee name Piryx, Inc.		Amount (\$)
6/30/2009	Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701		0.68
Purpose of pa tion required.)	L yment (See instructions regarding type of informa-	Complete if direct expendit Candidate / Officeholder name	
Transaction (If travel outside	fee e of Texas, complete Schedule T)		
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED	

P.O. Box 12070

POLITI	CAL EXPENDITURES			SCHEDU	LE F
The Instructi	on Guide explains how to complete this form.		1 Total pages 5 of 7	Schødule F;	
2 FILER NAM John Lipsco			3 ACCOUNT	# (Ethics Commission tilen	5)
4 Date	5 Payee name			7 Amount	1
}	Piryx, Inc.			(\$)	
6/30/2009	6 Payee address; City; State; Zip Code			11,25	
0/30/2009	401 W 15th Street Suite 520			11.23	
	Austin, TX 78701				
8 Purpose of pa tion required.)	yment (See Instructions regarding type of informa-	9 Complete if dire Candidate / Officeholder name		to benefit C/OH ·· Iffice sought	Office held
Transaction (	fee o of Toxas, complete Schedule T)				
Date	Payee name			Amouni (\$)	t
	Piryx, Inc.			(Ψ)	
6/30/2009	Payee address: City: State; Zip Code			0.64	
	401 W 15th Street Suite 520		İ		
	Austin, TX 78701				
Purpose of partion required.)	yment (See instructions regarding type of informa-	Complete if direction     Candidate / Officeholder name		e ta benefit C/OH •• Tice sought	Office hold
Transaction	fee				
(If travel outside	of Texas, complete Schedule T)	Artella Company			
Date	Payee name			Amount (\$)	
	Piryx, Inc.				
6/30/2009	Payee address; City; State; Zip Code			2.25	
	401 W 15th Street Suite 520		ŀ		
· · · · · · · · · · · · · · · · · · ·	Austin, TX 78701				
tion required.)	yment (See Instructions regarding type of informa-	Complete if dire Candidate / Officeholder name		e to benefit C/OH 💀 fice sought	Office held
Transaction f	ee do of Texas, complete Schedule T)				<del></del>
Date	Payee name			Amount (\$)	
	Piryx, inc.			(Φ)	
6/30/2009	Payee address; City; State; Zlp Code		İ	0.45	
	401 W 15th Street Suite 520				
	Austin, TX 78701				
Purpose of pay tion required.)	rment (See instructions regarding type of informa-	Complete if direction of the Candidate / Officeholder name		to benefit C/OH fice sought	Office held
Transaction f	ee				
(If travel outside	of Texas, complete Schedule T)				
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEED	DED		

POLITI	CAE EXPENDITORES			SCHEDOLE I
The Instructi	on Guide explains how to complete this form.		1 Total pages 6 of 7	Schedule F:
2 FILER NAM John Lipsco			3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
	Piryx, Inc.			(\$)
6/30/2009	6 Payee address; City; State; Zip Code			9.00
	401 W 15th Street Suite 520			
	Austin, TX 78701			
8 Purpose of partion required.)	yment (See Instructions regarding type of informa-	9 · Complete if dir Candidate / Officeholder nam		e to benefit C/OH ··  ffice sought Office held
Transaction i	fee e of Texas, complete Schedule T)			
Date	Payee name			Amount (\$)
	Piryx, Inc.			(Φ)
6/30/2009	Payee address; City; State; Zip Code			1.13
	401 W 15th Street Suite 520			
	Austin, TX 78701			
Purpose of partion required.)	yment (See instructions regarding type of informa-	Complete if dir Candidate / Officeholder name		e to benefit C/OH ··  ffice sought Office held
Transaction 1	fee			
(if travel outside	of Texas, complete Schedule T)			
Date	Payee name			Amount (\$)
,	Piryx, Inc.			,
6/30/2009	Payee address; City; State; Zip Code			2.25
	401 W 15th Street Suite 520			
	Austin, TX 78701		l	
Purpose of pay tion required.)	yment (See instructions regarding type of informa-	Complete if dir Candidate / Officeholder name	•	to benefit C/OH · · Office held
Transaction f	fee de of Texas, complete Schedule T)		, <u></u>	
Date	Payee name Paddington Media			Amount (\$)
6/30/2009	Payee address; City; State; Zip Code		·	2000.00
1	504 W. 7th St			2000.00
	Austin, TX 78701		i	
Purpose of pay tion required.)	ment (See instructions regarding type of informa-	Complete if dir Candidate / Officeholder name		to benefit C/OH ·· lice sought Office held
Website Desi	gn			
	of Texas, complete Schedule T)	L		
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEE	DED	

	CAL EXPENDITURES FROM PERSONAL FUNDS		S	SCHEDULE <b>G</b>
The Instruction Guide explains how to complete this form.  1 Total pages Sched 1 of 1			dule G:	
	2 FILER NAME 3 ACCOUNT # (Ethi			mession filers)
John Lipsco	mbe			
4 Date	5 Payee name Worley Printing Co., Inc	. , , , . , . , . ,	8	Amount (\$)
6/23/2009	6 Payee address; City; State; Zip Code 3217 North IH 35 Austin, TX 78722			639.76
	7 Purpose of expenditure Printing costs (If travel outside of Texas, complete Schedule T)			Reimbursement from political contributions intended
Date	Payee name Checkmark Typsetting Payee address; City; State; Zip Code			Amount (\$)
6/30/2009	3217 H 35 Austin, TX 78722			207.84
	Purpose of expenditure  Campaign name tags (If travel outside of Texas, complete Schedule T)			Reimbursement from political contributions intended
Date	Payee address; City; State; Zip Code			Amount (\$)
	Purpose of expenditure  (If travel outside of Texas, complete Schedule T)			Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	. ,		Amount (\$)
	Purpose of expenditure			Reimbursement from political contributions intended
Date	(If travel outside of Texas, complete Schedule T)  Payee name	7774L.		Amount (\$)
	Payee address; City; State; Zip Code			
	Purpose of expenditure (If travel outside of Texas, complete Schedule T)			Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED		